

PUBLIC HEALTH REPORT

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Premarital Examinations For Syphilis

CALIFORNIA LAW REQUIRES applicants for marriage licenses to have premarital examinations for infectious syphilis not more than 30 days before obtaining a license. The California Administrative Code was amended recently to broaden the range of approved syphilis tests for premarital and prenatal examinations. Approved tests now include VDRL slide, Automated Reagin, Fluorescent Treponemal Antibody (absorption), Automated Fluorescent Treponemal Antibody, and the Rapid Plasma Reagin (circle) Card tests. Any of these now constitutes a "standard test" as required by the California Civil Code and the California Health and Safety Code.

The increased incidence of infectious syphilis in California since 1969 makes finding infected premarital applicants more likely, particularly since prospective brides and grooms are largely young adults, in whom most syphilis is found. In 1970 the rate increased 37 percent and the upward trend continues into 1971.

Blood tests help find new infections, but a blood test alone does not satisfy the legal require-

ments. The physician is required to perform a physical examination on each applicant to determine the presence or absence of infectious syphilis. This includes taking an adequate history in which the physician questions the applicant concerning previous signs, symptoms or therapy for syphilis. The minimum physical examination should include visual inspection of the entire skin, including palmar and plantar surfaces, mucous membranes and the mucocutaneous junctions, particularly the oral, genital and rectal areas. Without a physical examination, communicable primary or secondary syphilis can be missed, particularly seronegative primary syphilis. Conversely, a reactive serology does not necessarily indicate infectious syphilis.

Syphilis of less than two years' duration is considered communicable to the marital partner and to offspring unless adequately treated. In female patients, untreated syphilis of even longer duration may be communicated to offspring. However, if the physician is assured that a syphilitic patient has had adequate treatment and is no longer infectious, it is permissible to sign the Marriage Health Certificate when it is returned from the laboratory.

Primary and Secondary Syphilis California 1960-1970

<i>Year</i>	<i>Cases</i>	<i>Rates/100,000</i>
1960	1,581	10.0
1961	1,605	9.8
1962	1,884	11.1
1963	2,142	12.2
1964	2,148	11.9
1965	1,995	10.8
1966	1,781	9.4
1967	1,706	8.9
1968	1,748	9.0
1969	1,795	9.0
1970	2,348	12.3

For those in whom syphilis is infectious, treatment with penicillin or other antibiotic for penicillin-sensitive patients should be completed before marriage. The possibility for infection and communicability should be explained to both partners. Upon request, local health departments will provide recommendations for treatment, and for serologic and spinal fluid follow-up.

Completion of treatment followed by one to two years of observation is a reasonable safeguard, although not providing absolute proof against transmission of syphilis. Patients and their marital partners should be urged to have follow-up examinations, including early prenatal care.

The marriage health certificate may not be withheld because of gonorrhea but physicians can use the opportunity offered by the physical examination to ensure that candidates are free from gonorrhea or other venereal or communicable diseases.

The State Department of Public Health distributes certificates and laboratory report forms upon application to all public health and clinical laboratories approved to perform tests required by the premarital law. Blank certificates are not issued directly to physicians.

For further information about these requirements, physicians may contact their local health departments.

X-RAY OPERATORS MUST HAVE CERTIFICATION

Physicians, chiropractors, and podiatrists who operate x-ray machines or supervise the operations of x-ray machines are required by law to obtain certification by January 1, 1972, according to Dr. H. C. Pulley, assistant director of the California State Department of Public Health and chairman of the Radiologic Technology Certification Committee. Certification of users is required in addition to registration of the machines, which has been required since 1962.

"The purpose of this law is to protect the people of California from excessive and improper ionizing radiation," Dr. Pulley said. "We have already certified x-ray technologists in the state and issued limited permits to persons qualified to perform limited x-ray procedures."

Applications for certification will be mailed in September by the Bureau of Radiological Health to all California licentiates using x-rays in their practice except dentists, who are regulated by a separate law.

The fee for initial certification is \$20. Annual renewal will be \$10.

Certificates will be issued to all applying licentiates who, before July 1, 1971, operated or supervised the operation of equipment properly registered with the State Department of Public Health.

Certification of licentiates (physicians, chiropractors, and podiatrists) is the third phase of implementation of Senate Bill 1056, passed by the state legislature in 1969, which provides for standards of experience, education, and training for all persons who use x-rays on human beings in California. The law is now contained in Sections 25660-25669.2, Chapter 7.4, "Radiologic Technology," of the California Health and Safety Code.